



CITY OF MARYSVILLE ANIMAL LICENSE

Date

New License No.

Old License No.

Name		Check One: DOG <input type="checkbox"/> CAT <input type="checkbox"/>	Animal's Name:
Mailing Address		Breed or Type:	Color:
City	State	Zip	Check One: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Street Address (If Different Than Above)		NEUTERED <input type="checkbox"/> SPAYED <input type="checkbox"/>	
Comments:			
Home Phone:	Work/Alternate Phone:		
Owner's Signature:		Senior Citizen (Age 60 & Up – Verification May Be Required)	
Date of Birth:			
Amount Received: \$	Cashier:	CHECK ALL APPLICABLE: New <input type="checkbox"/> Replacement <input type="checkbox"/> Annual <input type="checkbox"/> Lifetime <input type="checkbox"/>	